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OTF NUL	19 2007 W	nd this form, togeth ن ^{مر}	er with applicable	fee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop IS Commissione P.O. Box 145 Alexandria, (571)-273-28	0 Virginia 2231 85	3-1450		
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	APPLICATION NO,	FILING DATE		FIRST NAMED INVE	NTOR	ATTORN	Y DOCKET NO.	CONFIRMATION I	NO.
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	EXAMINER		ART UNIT CLASS-SUBCLAS		s				
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	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME A	THE PATENT (print	or type)						
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								filed for
	(A) NAME OF ASS	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	E. I. du Pont de Nemours and Company.			Wilmingt	on, Delaw	are			
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	4a. The following fee(s) K Issue Fee Dublication Fee (Advance Order	 ib. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1928 (enclose an extra copy of this form). 							
	5. Change in Entity St	☐ b. Applicant is	no longer claiming	SMALL ENTI	Y status. See 37 CF	R 1.27(g)(2).			
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